

**FREIGHT WORK-UP FAX or EMAIL SHEET**

FOR ALL PURCHASES WHICH THE STATE IS RESPONSIBLE FOR FREIGHT CHARGES, COMPLETE THE FOLLOWING AND FAX IT TO TRANSPORTATION MANAGEMENT AT (916) 928-5849 OR EMAIL IT TO [transportationmanagement@dgs.ca.gov](mailto:transportationmanagement@dgs.ca.gov).

Purchase Estimate Number: \_\_\_\_\_ Date: \_\_\_\_\_

Person Requesting Freight Workup: \_\_\_\_\_

State Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Supplier's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Point of Origin: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(City & State)

Point of Destination: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(City & State)

<u>DESCRIPTION OF ITEMS ORDERED</u>	<u>WEIGHT</u>	<u>FREIGHT CLASS OR * NMFC</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* National Motor Freight Classification- up to 7 digits (obtain from Supplier)

Supplier's Firm Freight Quote \$ \_\_\_\_\_

Type of Shipping Needed:

\_\_\_\_\_ UPS \_\_\_\_\_ General Freight \_\_\_\_\_ Flatbed \_\_\_\_\_ Temp. Control \_\_\_\_\_ Multiple Shipments  
\_\_\_\_\_ Truckload \_\_\_\_\_ Air Ride \_\_\_\_\_ Air Freight \_\_\_\_\_ Expedite Shipment  
\_\_\_\_\_ Padded Van \_\_\_\_\_ Other \_\_\_\_\_

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**The following is Transportation Management's™ recommendation for the above shipment:**

\_\_\_\_\_ Ship via United Parcel Service (Surface) (UPS). Estimated Freight \$ \_\_\_\_\_. Note on Purchase Order: **F.O.B. DESTINATION, PREPAY AND ADD FREIGHT TO INVOICE. SUPPLIER ROUTE VIA UNITED PARCEL SERVICE (SURFACE).**

\_\_\_\_\_ Ship via Supplier's Firm Freight Quote.  
Note on Purchase Order: **F.O.B. DESTINATION, PREPAY AND ADD FREIGHT TO INVOICE. FREIGHT NOT TO EXCEED \$ \_\_\_\_\_ PER SUPPLIERS QUOTE.**

\_\_\_\_\_ Note on Purchase Order: **SHIPPING INSTRUCTIONS:**

**Supplier route via** \_\_\_\_\_

**Carrier's telephone number** \_\_\_\_\_

**Annotate Bill of Lading as follows:**

**"Freight for the State of California, Tender Number \_\_\_\_\_  
applies. State of California Purchase Order Number \_\_\_\_\_  
SHIP FREIGHT COLLECT."**

**Estimated Freight** \_\_\_\_\_.

**If supplier is unable to use this carrier, call Transportation Management at (916) 928-5842.**

\_\_\_\_\_ Other: \_\_\_\_\_

COMPLETED BY TM STAFF MEMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_